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W.; 8861 Three Chimneys Drive East, Germantown, TN  
38138 (US).

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(74) Agents: **SUPERKO, Colleen et al.**; Hale and Dorr LLP,  
60 State Street, Boston, MA 02109 (US).

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(71) Applicant: **PENWEST PHARMACEUTICALS COM-  
PANY** [US/US]; 2981 Route 22, Patterson, NY 12563-  
9770 (US).

(72) Inventors: **BAICHWAL, Anand, R.**; 5 Kendell Drive,  
Wappingers Falls, NY 12590 (US). **KAO, Huai-Hung**; 137  
Colony Lane, Syosset, NY 11791 (US). **MCCALL, Troy**,

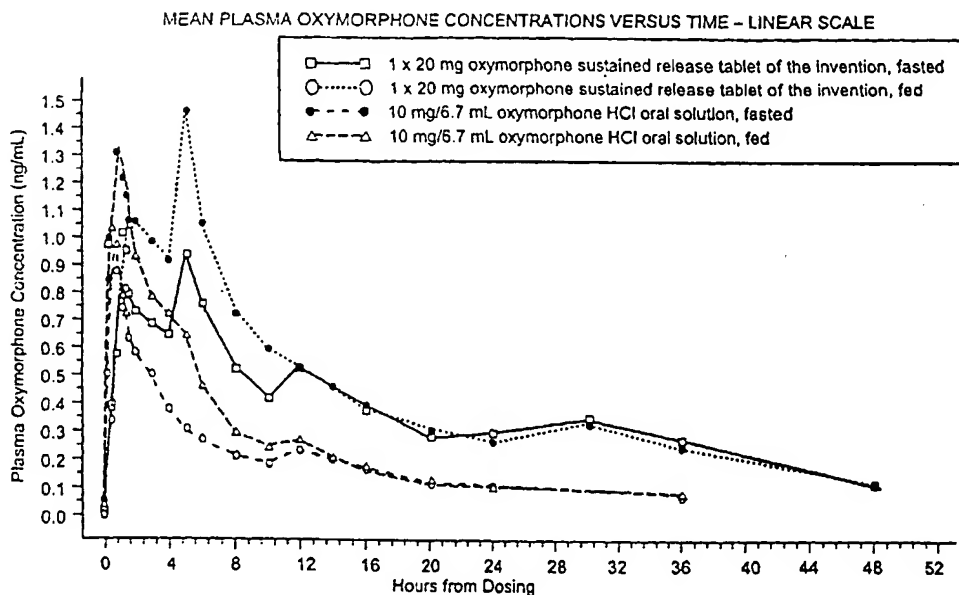
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(54) Title: METHODS OF MAKING SUSTAINED RELEASE FORMULATIONS OF OXYMORPHONE RELATED APPLICATIONS



(57) Abstract: Sustained release formulations of oxymorphone or pharmaceutically acceptable salts thereof; methods for making the sustained release formulations of oxymorphone or pharmaceutically acceptable salts thereof to treat patients suffering from pain are provided.



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## Methods of Making Sustained Release Formulations of Oxymorphone Related Applications

This application claims priority to US Provisional Application No. 60/329,352 filed October 15, 2001, US Provisional Application No. 60/329,426 filed October 15, 5 2001, and to US Provisional Application No. 60/303,357 filed July 6, 2001, the disclosures of which are incorporated by reference herein in their entirety.

### Field of the Invention

The invention provides sustained release formulations of oxymorphone and pharmaceutically acceptable salts thereof; methods for making the sustained release 10 formulations of oxymorphone and pharmaceutically acceptable salts thereof; and methods for using the sustained release formulations of oxymorphone and pharmaceutically acceptable salts thereof to treat patients suffering from pain.

### Background of the Invention

Pain is the most frequently reported symptom and it is a common clinical 15 problem which confronts the clinician. Many millions of people in the United States suffer from severe pain that is chronically undertreated or inappropriately managed. The clinical usefulness of the analgesic properties of opioids has been recognized for centuries, and morphine and its derivatives have been widely used for analgesia for decades in a variety of clinical pain states.

20 Oxymorphone HCl (14-hydroxydihydromorphinone hydrochloride) is a semi-synthetic phenanthrene-derivative opioid agonist, used in the treatment of acute and chronic pain, with analgesic efficacy comparable to other opioid analgesics. Oxymorphone is currently marketed as an injection (1 mg/ml in 1 ml ampules; 1.5 mg/ml in 1 ml ampules; 1.5 mg/ml in 10 ml multiple dose vials) for intramuscular, 25 subcutaneous, and intravenous administration, and as 5 mg rectal suppositories. At one time, a 10 mg oral immediate release tablet formulation of oxymorphone HCl was marketed. Oxymorphone HCl is metabolized principally in the liver and undergoes conjugation with glucuronic acid and reduction to 6 alpha and beta hydroxy epimers.

An important goal of analgesic therapy is to achieve continuous relief of 30 chronic pain. Regular administration of an analgesic is generally required to ensure that the next dose is given before the effects of the previous dose have worn off. Compliance with opioids increases as the required dosing frequency decreases. Non-compliance results in suboptimal pain control and poor quality of life outcomes. Scheduled rather than "as needed" administration of opioids is currently

recommended in guidelines for their use in treating chronic non-malignant pain. Unfortunately, evidence from prior clinical trials and clinical experience suggests that the short duration of action of immediate release oxymorphone would necessitate 4-hourly administrations in order to maintain optimal levels of analgesia in patients with chronic pain. Moreover, immediate release oxymorphone exhibits low oral bioavailability, because oxymorphone is extensively metabolized in the liver.

There is a need in the art for new formulations of oxymorphone that require less frequent dosing. The invention is directed to these, as well as other, important ends.

#### Summary of the Invention

The invention provides compositions comprising oxymorphone or a pharmaceutically acceptable salt thereof and a sustained release delivery system, where the sustained release delivery system comprises at least one hydrophilic compound, at least one cross-linking agent (which may be cationic) and at least one pharmaceutical diluent. The sustained release delivery system may further comprise one or more additional hydrophobic polymers or cross-linking compounds. The compositions may optionally comprise an outer coating comprising at least one water insoluble compound, and optionally one or more plasticizers and/or water soluble compounds.

The invention provides compositions comprising an inner core and an outer sustained release coating, where the inner core comprises oxymorphone or a pharmaceutically acceptable salt thereof and the outer sustained release coating comprises at least one water insoluble compound. The outer sustained release coating may optionally further comprise one or more plasticizers and/or water soluble compounds.

The invention provides methods for treating pain in patients by administering an effective amount of any of the compositions of the invention. The pain may be moderate to severe, and may be acute or chronic.

The invention also provides methods for making such compositions.

These and other aspects of the invention are described in detail herein.

#### Brief Description of the Figure

Figure 1 is a linear scale graph, without standard deviations, showing the mean oxymorphone plasma concentration versus time for patients treated with the sustained release oxymorphone tablets of the invention after fasting (A), for patients treated with

sustained release oxymorphone tablets of the invention after a high fat meal (B), for patients treated with an oxymorphone solution after fasting (C), and for patients treated with an oxymorphone solution after a high fat meal (D).

#### Detailed Description of the Invention

5 To overcome the difficulties associated with the very low bioavailability of the oral immediate release formulation of oxymorphone and with a 4 hourly dosing frequency of oxymorphone, the invention provides an oral sustained release formulation of oxymorphone comprising an analgesically effective amount of oxymorphone or a pharmaceutically acceptable salt thereof. The bioavailability of the  
10 oral sustained release formulations of the invention is sufficiently high that the sustained release formulations can be used to treat patients suffering from pain with only once or twice daily dosing.

The invention provides compositions comprising oxymorphone or a pharmaceutically acceptable salt thereof and a sustained release delivery system,  
15 wherein the sustained release delivery system comprises (i) at least one hydrophilic compound, at least one cross-linking agent, and at least one pharmaceutical diluent; (ii) at least one hydrophilic compound, at least one cross-linking agent, at least one pharmaceutical diluent, and at least one hydrophobic polymer; (iii) at least one hydrophilic compound, at least one cross-linking agent, at least one pharmaceutical  
20 diluent, and at least one cationic cross-linking agent different from the first cross-linking agent; (iv) at least one hydrophilic compound, at least one cross-linking agent, at least one pharmaceutical diluent, at least one cationic cross-linking compound different from the first cross-linking agent, and at least one hydrophobic polymer; (v)  
25 at least one hydrophilic compound, at least one cationic cross-linking compound, and at least one pharmaceutical diluent; or (vi) at least one hydrophilic compound, at least one cationic cross-linking compound, at least one pharmaceutical diluent, and at least one hydrophobic compound.

The oxymorphone may be homogeneously dispersed in the sustained release delivery system. Preferably, the oxymorphone or pharmaceutically acceptable salt  
30 thereof may be present in the composition in an amount of about 1 mg to about 200 mg, more preferably in an amount of about 1 mg to about 100 mg, even more preferably in an amount of about 5 mg to about 80 mg. Preferably, the sustained release delivery system may be present in the composition in an amount from about 80 mg to about 420 mg, more preferably from about 80 mg to about 360 mg, even more

preferably from about 80 mg to about 200 mg. "Oxymorphone" includes oxymorphone, metabolites thereof, derivatives thereof, and/or pharmaceutically acceptable salts thereof. Metabolites of oxymorphone include, for example, 6-hydroxy-oxymorphone (e.g., 6- $\alpha$ -hydroxy-oxymorphone and/or 6- $\beta$ -hydroxy-oxymorphone).

Oxymorphone may be in the form of any pharmaceutically acceptable salt known in the art. Exemplary pharmaceutically acceptable salts include hydrochloric, sulfuric, nitric, phosphoric, hydrobromic, maleric, malic, ascorbic, citric, tartaric, pamoic, lauric, stearic, palmitic, oleic, myristic, lauryl sulfuric, naphthalenesulfonic, linoleic, linolenic acid, and the like. The hydrochloride salt of oxymorphone is preferred.

The sustained release delivery system comprises at least one hydrophilic compound. The hydrophilic compound preferably forms a gel matrix that releases the oxymorphone or the pharmaceutically acceptable salt thereof at a sustained rate upon exposure to liquids. The rate of release of the oxymorphone or the pharmaceutically acceptable salt thereof from the gel matrix depends on the drug's partition coefficient between the components of the gel matrix and the aqueous phase within the gastrointestinal tract. In the compositions of the invention, the weight ratio of oxymorphone to hydrophilic compound is generally in the range of about 1:0.5 to about 1:25, preferably in the range of about 1:0.5 to about 1:20. The sustained release delivery system generally comprises the hydrophilic compound in an amount of about 20% to about 80% by weight, preferably in an amount of about 20% to about 60% by weight, more preferably in an amount of about 40% to about 60% by weight, still more preferably in an amount of about 50% by weight.

The hydrophilic compound may be any known in the art. Exemplary hydrophilic compounds include gums, cellulose ethers, acrylic resins, polyvinyl pyrrolidone, protein-derived compounds, and mixtures thereof. Exemplary gums include heteropolysaccharide gums and homopolysaccharide gums, such as xanthan, tragacanth, pectins, acacia, karaya, alginates, agar, guar, hydroxypropyl guar, carrageenan, locust bean gums, and gellan gums. Exemplary cellulose ethers include hydroxyalkyl celluloses and carboxyalkyl celluloses. Preferred cellulose ethers include hydroxyethyl celluloses, hydroxypropyl celluloses, hydroxypropylmethyl-celluloses, carboxy methylcelluloses, and mixtures thereof. Exemplary acrylic resins include polymers and copolymers of acrylic acid, methacrylic acid, methyl acrylate

and methyl methacrylate. In some embodiments, the hydrophilic compound is preferably a gum, more preferably a heteropolysaccharide gum, most preferably a xanthan gum or derivative thereof. Derivatives of xanthan gum include, for example, deacylated xanthan gum, the carboxymethyl esters of xanthan gum, and the propylene glycol esters of xanthan gum.

In another embodiment, the sustained release delivery system may further comprise at least one cross-linking agent. The cross-linking agent is preferably a compound that is capable of cross-linking the hydrophilic compound to form a gel matrix in the presence of liquids. As used herein, "liquids" includes, for example, gastrointestinal fluids and aqueous solutions, such as those used for *in vitro* dissolution testing. The sustained release delivery system generally comprises the cross-linking agent in an amount of about 0.5% to about 80% by weight, preferably in an amount of about 2% to about 54% by weight, more preferably in an amount of about 20% to about 30% by weight more, still more preferably in an amount of about 25% by weight.

Exemplary cross-linking agents include homopolysaccharides. Exemplary homopolysaccharides include galactomannan gums, such as guar gum, hydroxypropyl guar gum, and locust bean gum. In some embodiments, the cross-linking agent is preferably a locust bean gum or a guar gum. In other embodiments, the cross-linking agents may be alginic acid derivatives or hydrocolloids.

When the sustained release delivery system comprises at least one hydrophilic compound and at least one cross-linking agent, the ratio of hydrophilic compound to cross-linking agent may be from about 1:9 to about 9:1, preferably from about 1:3 to about 3:1.

The sustained release delivery system of the invention may comprise one or more cationic cross-linking compounds. Cationic cross-linking compound may be used instead of or in addition to the cross-linking agent. The cationic cross-linking compounds may be used in an amount sufficient to cross-link the hydrophilic compound to form a gel matrix in the presence of liquids. The cationic cross-linking compound is present in the sustained release delivery system in an amount of about 0.5% to about 30% by weight, preferably from about 5% to about 20% by weight.

Exemplary cationic cross-linking compounds include monovalent metal cations, multivalent metal cations, and inorganic salts, including alkali metal and/or

alkaline earth metal sulfates, chlorides, borates, bromides, citrates, acetates, lactates, and mixtures thereof. For example, the cationic cross-linking compound may be one or more of calcium sulfate, sodium chloride, potassium sulfate, sodium carbonate, lithium chloride, tripotassium phosphate, sodium borate, potassium bromide, potassium fluoride, sodium bicarbonate, calcium chloride, magnesium chloride, sodium citrate, sodium acetate, calcium lactate, magnesium sulfate, sodium fluoride, or mixtures thereof.

When the sustained release delivery system comprises at least one hydrophilic compound and at least one cationic cross-linking compound, the ratio of hydrophilic compound to cationic cross-linking compound may be from about 1:9 to about 9:1, preferably from about 1:3 to about 3:1.

Two properties of desirable components of this system (e.g., the at least one hydrophilic compound and the at least one cross-linking agent; or the at least one hydrophilic compound and at least one cationic cross-linking compound) that form a gel matrix upon exposure to liquids are fast hydration of the compounds/agents and the ability to form a gel matrix having a high gel strength. These two properties, which are needed to achieve a slow release gel matrix, are maximized in the invention by the particular combination of compounds (e.g., the at least one hydrophilic compound and the at least one cross-linking agent; or the at least one hydrophilic compound and the at least one cationic cross-linking compound). For example, hydrophilic compounds (e.g., xanthan gum) have excellent water-wicking properties which provide fast hydration. The combination of hydrophilic compounds with materials that are capable of cross-linking the rigid helical ordered structure of the hydrophilic compound (e.g., cross-linking agents and/or cationic cross-linking compounds) thereby act synergistically to provide a higher than expected viscosity (i.e., high gel strength) of the gel matrix.

The sustained release delivery system further comprises one or more pharmaceutical diluents known in the art. Exemplary pharmaceutical diluents include monosaccharides, disaccharides, polyhydric alcohols and mixtures thereof. Preferred pharmaceutical diluents include, for example, starch, lactose, dextrose, sucrose, microcrystalline cellulose, sorbitol, xylitol, fructose, and mixtures thereof. In other embodiments, the pharmaceutical diluent is water-soluble, such as lactose, dextrose, sucrose, or mixtures thereof. The ratio of pharmaceutical diluent to hydrophilic compound is generally from about 1:8 to about 8:1, preferably from about 1:3 to about



3:1. The sustained release delivery system generally comprises one or more pharmaceutical diluents in an amount of about 20% to about 80% by weight, preferably about 35% by weight. In other embodiments, the sustained release delivery system comprises one or more pharmaceutical diluents in an amount of about 40% to about 80% by weight.

The sustained release delivery system of the invention may comprise one or more hydrophobic polymers. The hydrophobic polymers may be used in an amount sufficient to slow the hydration of the hydrophilic compound without disrupting it. For example, the hydrophobic polymer may be present in the sustained release delivery system in an amount of about 0.5% to about 20% by weight, preferably in an amount of about 2% to about 10% by weight, more preferably in an amount of about 3% to about 7% by weight, still more preferably in an amount of about 5% by weight.

Exemplary hydrophobic polymers include alkyl celluloses (e.g., C<sub>1-6</sub> alkyl celluloses, carboxymethylcellulose), other hydrophobic cellulosic materials or compounds (e.g., cellulose acetate phthalate, hydroxypropylmethylcellulose phthalate), polyvinyl acetate polymers (e.g., polyvinyl acetate phthalate), polymers or copolymers derived from acrylic and/or methacrylic acid esters, zein, waxes, shellac, hydrogenated vegetable oils, and mixtures thereof. The hydrophobic polymer is preferably methyl cellulose, ethyl cellulose or propyl cellulose, more preferably ethyl cellulose.

The compositions of the invention may be further admixed with one or more wetting agents (such as polyethoxylated castor oil, polyethoxylated hydrogenated castor oil, polyethoxylated fatty acid from castor oil, polyethoxylated fatty acid from hydrogenated castor oil) one or more lubricants (such as magnesium stearate), one or more buffering agents, one or more colorants, and/or other conventional ingredients.

In other embodiments, the invention provides oral sustained release solid dosage formulations comprising from about 1 mg to 200 mg oxymorphone hydrochloride, preferably from about 5 mg to about 80 mg oxymorphone hydrochloride; and about 80 mg to about 200 mg of a sustained release delivery system, preferably from about 120 mg to about 200 mg of a sustained release delivery system, more preferably about 160 mg of a sustained release delivery system; where the sustained release delivery system comprises about 8.3 to about 41.7% locust bean gum, preferably about 25% locust bean gum; about 8.3 to about 41.7% xanthan gum, preferably about 25% xanthan gum; about 20 to about 55% dextrose, preferably about

35% dextrose; about 5 to about 20% calcium sulfate dihydrate, preferably about 10% calcium sulfate dihydrate; and about 2 to 10% ethyl cellulose, preferably about 5% ethyl cellulose.

In other embodiments, the invention provides oral sustained release solid dosage formulations comprising from about 1 mg to 200 mg oxymorphone hydrochloride, preferably from about 5 mg to about 80 mg oxymorphone hydrochloride; and about 200 mg to about 420 mg of a sustained release delivery system, preferably from about 300 mg to about 420 mg of a sustained release delivery system, more preferably about 360 mg of a sustained release delivery system; where the sustained release delivery system comprises about 8.3 to about 41.7% locust bean gum, preferably about 25% locust bean gum; about 8.3 to about 41.7% xanthan gum, preferably about 25% xanthan gum; about 20 to about 55% dextrose, preferably about 35% dextrose; about 5 to about 20% calcium sulfate dihydrate, preferably about 10% calcium sulfate dihydrate; and about 2 to 10% ethyl cellulose, preferably about 5% ethyl cellulose.

The sustained release formulations of oxymorphone are preferably orally administrable solid dosage formulations which may be, for example, tablets, capsules comprising a plurality of granules, sublingual tablets, powders, or granules; preferably tablets. The tablets may be an enteric coating or a hydrophilic coating.

The sustained release delivery system in the compositions of the invention may be prepared by dry granulation or wet granulation, before the oxymorphone or pharmaceutically acceptable salt thereof is added, although the components may be held together by an agglomeration technique to produce an acceptable product. In the wet granulation technique, the components (e.g., hydrophilic compounds, cross-linking agents, pharmaceutical diluents, cationic cross-linking compounds, hydrophobic polymers, etc.) are mixed together and then moistened with one or more liquids (e.g., water, propylene glycol, glycerol, alcohol) to produce a moistened mass which is subsequently dried. The dried mass is then milled with conventional equipment into granules of the sustained release delivery system. Thereafter, the sustained release delivery system is mixed in the desired amounts with the oxymorphone or the pharmaceutically acceptable salt thereof and, optionally, one or more wetting agents, one or more lubricants, one or more buffering agents, one or more coloring agents, or other conventional ingredients, to produce a granulated composition. The sustained release delivery system and the oxymorphone may be

blended with, for example, a high shear mixer. The oxymorphone is preferably finely and homogeneously dispersed in the sustained release delivery system. The granulated composition, in an amount sufficient to make a uniform batch of tablets, is subjected to tableting in a conventional production scale tableting machine at normal  
5 compression pressures, i.e., about 2,000-16,000 psi. The mixture should not be compressed to a point where there is subsequent difficulty with hydration upon exposure to liquids.

The average particle size of the granulated composition is from about 50  $\mu\text{m}$  to about 400  $\mu\text{m}$ , preferably from about 185  $\mu\text{m}$  to about 265  $\mu\text{m}$ . The average density  
10 of the granulated composition is from about 0.3 g/ml to about 0.8 g/ml, preferably from about 0.5 g/ml to about 0.7 g/ml. The tablets formed from the granulations are generally from about 6 to about 8 kg hardness. The average flow of the granulations are from about 25 to about 40 g/sec.

In other embodiments, the invention provides sustained release coatings over  
15 an inner core comprising oxymorphone or a pharmaceutically acceptable salt thereof. For example, the inner core comprising oxymorphone or a pharmaceutically acceptable salt thereof may be coated with a sustained release film which, upon exposure to liquids, releases the oxymorphone or the pharmaceutically acceptable salt thereof from the core at a sustained rate.

In one embodiment, the sustained release coating comprises at least one water  
20 insoluble compound. The water insoluble compound is preferably a hydrophobic polymer. The hydrophobic polymer may be the same as or different from the hydrophobic polymer used in the sustained release delivery system. Exemplary hydrophobic polymers include alkyl celluloses (e.g., C<sub>1-6</sub> alkyl celluloses, carboxymethylcellulose), other hydrophobic cellulosic materials or compounds (e.g.,  
25 cellulose acetate phthalate, hydroxypropylmethylcellulose phthalate), polyvinyl acetate polymers (e.g., polyvinyl acetate phthalate), polymers or copolymers derived from acrylic and/or methacrylic acid esters, zein, waxes (alone or in admixture with fatty alcohols), shellac, hydrogenated vegetable oils, and mixtures thereof. The  
30 hydrophobic polymer is preferably, methyl cellulose, ethyl cellulose or propyl cellulose, more preferably ethyl cellulose. The sustained release formulations of the invention may be coated with a water insoluble compound to a weight gain from about 1 to about 20% by weight.

The sustained release coating may further comprise at least one plasticizer such as triethyl citrate, dibutyl phthalate, propylene glycol, polyethylene glycol, or mixtures thereof. The sustained release coating may also contain at least one water soluble compound, such as polyvinylpyrrolidones, hydroxypropylmethylcelluloses, or mixtures thereof. The sustained release coating may comprise at least one water soluble compound in an amount from about 1% to about 6% by weight, preferably in an amount of about 3% by weight.

The sustained release coating may be applied to the oxymorphone core by spraying an aqueous dispersion of the water insoluble compound onto the oxymorphone core. The oxymorphone core may be a granulated composition made, for example, by dry or wet granulation of mixed powders of oxymorphone and at least one binding agent; by coating an inert bead with oxymorphone and at least one binding agent; or by spheronizing mixed powders of oxymorphone and at least one spheronizing agent. Exemplary binding agents include hydroxypropylmethylcelluloses. Exemplary spheronizing agents include microcrystalline celluloses. The inner core may be a tablet made by compressing the granules or by compressing a powder comprising oxymorphone or the pharmaceutically acceptable salt thereof.

In other embodiments, the compositions comprising oxymorphone or a pharmaceutically acceptable salt thereof and a sustained release delivery system, as described herein, are coated with a sustained release coating, as described herein. In still other embodiments, the compositions comprising oxymorphone or a pharmaceutically acceptable salt thereof and a sustained release delivery system, as described herein, are coated with a hydrophobic polymer, as described herein. In still other embodiments, the compositions comprising oxymorphone or a pharmaceutically acceptable salt thereof and a sustained release delivery system, as described herein, are coated with an enteric coating, such as cellulose acetate phthalate, hydroxypropylmethylcellulose phthalate, polyvinylacetate phthalate, methacrylic acid copolymer, shellac, hydroxypropylmethylcellulose succinate, cellulose acetate trimellitate, or mixtures thereof. In still other embodiments, the compositions comprising oxymorphone or a pharmaceutically acceptable salt thereof and a sustained release delivery system, as described herein, are coated with a hydrophobic polymer, as described herein, and further coated with an enteric coating, as described herein. In any of the embodiments described herein, the compositions comprising

oxymorphone or a pharmaceutically acceptable salt thereof and a sustained release delivery system, as described herein, may optionally be coated with a hydrophilic coating which may be applied above or beneath the sustained release film, above or beneath the hydrophobic coating, and/or above or beneath the enteric coating.

5 Preferred hydrophilic coatings comprise hydroxypropylmethylcellulose.

The invention provides methods for treating pain by administering an effective amount of the sustained release formulations of oxymorphone to a patient in need thereof. An effective amount is an amount sufficient to eliminate all pain or to alleviate the pain (i.e., reduce the pain compared to the pain present prior to  
10 administration of the oxymorphone sustained release formulation). "Sustained release" means that the oxymorphone or pharmaceutically acceptable salt thereof is released from the formulation at a controlled rate so that therapeutically beneficial blood levels (but below toxic levels) of the oxymorphone or pharmaceutically acceptable salt thereof are maintained over an extended period of time. The sustained  
15 release formulations of oxymorphone are administered in an amount sufficient to alleviate pain for an extended period of time, preferably about 8 hours to about 24 hours, more preferably for a period of about 12 hours to about 24 hours. The oxymorphone sustained release oral solid dosage formulations of the invention may be administered one to four times a day, preferably once or twice daily, more preferably  
20 once daily. The pain may be minor to moderate to severe, and is preferably moderate to severe. The pain may be acute or chronic. The pain may be associated with, for example, cancer, autoimmune diseases, infections, surgical traumas, accidental traumas or osteoarthritis. The patient may be an animal, preferably a mammal, more preferably a human.

25 In certain embodiments, upon oral ingestion of the oxymorphone sustained release formulation and contact of the formulation with gastrointestinal fluids, the sustained release formulation swells and gels to form a hydrophilic gel matrix from which the oxymorphone is released. The swelling of the gel matrix causes a reduction in the bulk density of the formulation and provides the buoyancy necessary to allow  
30 the gel matrix to float on the stomach contents to provide a slow delivery of the oxymorphone. The hydrophilic matrix, the size of which is dependent upon the size of the original formulation, can swell considerably and become obstructed near the opening of the pylorus. Since the oxymorphone is dispersed throughout the formulation (and consequently throughout the gel matrix), a constant amount of

oxymorphone can be released per unit time *in vivo* by dispersion or erosion of the outer portions of the hydrophilic gel matrix. The process continues, with the gel matrix remaining bouyant in the stomach, until substantially all of the oxymorphone is released.

5           In certain embodiments, the chemistry of certain of the components of the formulation, such as the hydrophilic compound (e.g., xanthan gum), is such that the components are considered to be self-buffering agents which are substantially insensitive to the solubility of the oxymorphone and the pH changes along the length of the gastrointestinal tract. Moreover, the chemistry of the components is believed to  
10   be similar to certain known muco-adhesive substances, such as polycarbophil. Muco-adhesive properties are desirable for buccal delivery systems. Thus, the sustained release formulation can loosely interact with the mucin in the gastrointestinal tract and thereby provide another mode by which a constant rate of delivery of the oxymorphone is achieved.

15           The two phenomenon discussed above (buoyancy and muco-adhesive properties) are mechanisms by which the sustained release formulations of the invention can interact with the mucin and fluids of the gastrointestinal tract and provide a constant rate of delivery of the oxymorphone.

          When measured by USP Procedure Drug Release USP 23 (incorporated by  
20   reference herein in its entirety), the sustained release formulations of the invention exhibit an *in vitro* dissolution rate of about 15% to about 50% by weight oxymorphone after 1 hour, about 45% to about 80% by weight oxymorphone after 4 hours, and at least about 80% by weight oxymorphone after 10 hours. The *in vitro* and *in vivo* release characteristics of the sustained release formulations of the  
25   invention may be modified using mixtures of one or more different water insoluble and/or water soluble compounds, using different plasticizers, varying the thickness of the sustained release film, including providing release-modifying compounds in the coating, and/or by providing passageways through the coating.

          When administered orally to patients the sustained release formulations of the  
30   invention exhibit the following *in vivo* characteristics: (a) a peak plasma level of oxymorphone occurs within about 2 to about 6 hours after administration; (b) the duration of the oxymorphone analgesic effect is about 8 to about 24 hours; and (c) the relative oxymorphone bioavailability is about 0.5 to about 1.5 compared to an orally administered aqueous solution of oxymorphone.

While the compositions of the invention may be administered as the sole active pharmaceutical compound in the methods described herein, they can also be used in combination with one or more compounds which are known to be therapeutically effective against pain.

- 5           The invention also provides pharmaceutical kits comprising one or more containers filled with one or more of the compositions of the invention. The kits may further comprise other pharmaceutical compounds known in the art to be therapeutically effective against pain, and instructions for use.

#### Examples

- 10           The following examples are for purposes of illustration only and are not intended to limit the scope of the appended claims.

#### Examples 1 and 2

- 15           Two sustained release delivery systems were prepared by dry blending xanthan gum, locust bean gum, calcium sulfate dehydrate, and dextrose in a high speed mixed/granulator for 3 minutes. A slurry was prepared by mixing ethyl cellulose with alcohol. While running choppers/impellers, the slurry was added to the dry blended mixture, and granulated for another 3 minutes. The granulation was then dried to a  
20   LOD (loss on drying) of less than about 10% by weight. The granulation was then milled using 20 mesh screen. The relative quantities of the ingredients are listed in Table 1.

Table 1

Sustained Release Delivery System	Example 1	Example 2
Excipient	%	%
Locust Bean Gum, FCC	25.0	30.0
Xanthan Gum, NF	25.0	30.0
Dextrose, USP	35.0	40.0
Calcium Sulfate Dihydrate, NF	10.0	0.0
Ethylcellulose, NF	5.0	0.0
Alcohol, SD3A (Anhydrous) <sup>1</sup>	(10) <sup>1</sup>	(20.0) <sup>1</sup>
Total	100.0	100.0

1. Volatile, removed during processing

**Examples 3 to 7**

A series of tablets containing different amounts of oxymorphone hydrochloride were prepared using the sustained release delivery system of Example

- 5 1. The quantities of ingredients per tablet are listed in Table 2.

**Table 2**

	Ex. 3	Ex. 4	Ex. 5	Ex. 6	Ex. 7
Component	mg	mg	mg	mg	mg
Oxymorphone HCl, USP	5	10	20	40	80
Sustained release delivery system	160	160	160	160	160
Silicified microcrystalline cellulose, N.F.	20	20	20	20	20
Sodium stearyl fumarate, NF	2	2	2	2	2
Total weight	187	192	202	222	262
Opadry (colored)	7.48	7.68	8.08	8.88	10.48
Opadry (clear)	0.94	0.96	1.01	1.11	1.31

**Examples 8 and 9**

- Two batches of tablets were prepared as described above for Examples 1-7, using the sustained release delivery system of Example 1. One batch was formulated to provide relatively fast sustained release, the other batch was formulated to provide relatively slow sustained release. Compositions of the tablets are shown in Table 3.

**Table 3**

	Example 8 slow release	Example 9 fast release
Ingredients	mg/tablet	mg/tablet
Oxymorphone HCl, USP	20	20
Sustained Release Delivery System	360	160
Silicified Microcrystalline Cellulose, NF	20	20
Sodium stearyl fumarate, NF	4	2
Coating (color)	12.12	12.12
Total weight	416.12	214.12



The tables of Examples 8 and 9 were tested for *in vitro* release rate according to USP Procedure Drug Release USP 23. The results are shown in Table 4.

Table 4

Time (hr)	Example 8 slow release	Example 9 fast release
0.5	18.8%	21.3%
1	27.8%	32.3%
2	40.5%	47.4%
3	50.2%	58.5%
4	58.1%	66.9%
5	64.7%	73.5%
6	70.2%	78.6%
8	79.0%	86.0%
10	85.3%	90.6%
12	89.8%	93.4%

## Example 10: Clinical Study

5 A clinical study was conducted to (1) assess the relative bioavailability (rate and extent of absorption) of oxymorphone sustained release (20 mg) (fast release formulation of Example 9) compared to oral solution oxymorphone (10 mg) under fasted conditions, (2) to assess the relative bioavailability of oxymorphone sustained release (20 mg) compared to oral solution oxymorphone (10 mg) under fed conditions, 10 (3) to assess the relative bioavailability of oxymorphone sustained release (20 mg) fed compared to oxymorphone sustained release (20 mg) fasted, (4) to assess the relative bioavailability of oral solution oxymorphone fed compared to oral solution oxymorphone fasted, and (5) to assess the relative safety and tolerability of sustained release oxymorphone (20 mg) under fed and fasted conditions.

15 This study had a single-center, open-label, analytically blinded, randomized, four-way crossover design. Subjects randomized to Treatment A and Treatment C, as described below, were in a fasted state following a 10-hour overnight fast. Subjects randomized to Treatment B and Treatment D, as described below, were in the fed state, having had a high fat meal, completed ten minutes prior to dosing. There was a 20 14-day washout interval between the four dose administrations. The subjects were confined to the clinic during each study period. Subjects assigned to receive Treatment A and Treatment B were discharged from the clinic on Day 3 following the

48-hour procedures, and subjects assigned to receive Treatment C and Treatment D were discharged from the clinic on Day 2 following the 36-hour procedures. On Day 1 of each study period the subjects received one of four treatments:

Treatments A and B were of oxymorphone sustained release 20 mg tablets. 5 Subjects randomized to Treatment A received a single oral dose of one 20 mg oxymorphone sustained release tablet taken with 240 ml of water after a 10-hour fasting period. Subjects randomized to Treatment B received a single oral dose of one 20 mg oxymorphone sustained release tablet taken with 240 ml of water 10 minutes after a standardized high fat meal.

10 Treatments C and D were of oxymorphone HCl solutions, USP, 1.5 mg/ml injection 10 ml vials. Subjects randomized to Treatment C received a single oral dose of 10 mg (6.7 ml) oxymorphone solution taken with 240 ml of water after a 10-hour fasting period. Subjects randomized to Treatment D received a single oral dose of 10 mg (6.7ml) oxymorphone solution taken with 240 ml of water 10 minutes after a 15 standardized high-fat meal.

A total of 28 male subjects were enrolled in the study, and 24 subjects completed the study. The mean age of the subjects was 27 years (range of 19 through 38 years), the mean height of the subjects was 69.6 inches (range of 64.0 through 75.0 inches), and the mean weight of the subjects was 169.0 pounds (range 117.0 through 202.0 pounds). The subjects were not to consume any alcohol-, caffeine-, or xanthine- 20 containing foods or beverages for 24 hours prior to receiving study medication for each study period. Subjects were to be nicotine and tobacco free for at least 6 months prior to enrolling in the study. In addition, over-the-counter medications were prohibited 7 days prior to dosing and during the study. Prescription medications were 25 not allowed 14 days prior to dosing and during the study.

The subjects were screened within 14 days prior to study enrollment. The screening procedure included medical history, physical examination (height, weight, frame size, vital signs, and ECG), and clinical laboratory tests (hematology, serum chemistry, urinalysis, HIV antibody screen, Hepatitis B surface antigen screen, 30 Hepatitis C antibody screen, and a screen for cannabinoids).

During the study, the subjects were to remain in an upright position (sitting or standing) for 4 hours after the study drug was administered. Water was restricted 2 hours predose to 2 hours postdose. During the study, the subjects were not allowed to engage in any strenuous activity.

Subjects reported to the clinic on the evening prior to each dosing. The subjects then observed a 10-hour overnight fast. On Day 1, subjects randomized to Treatment B and Treatment D received a high-fat breakfast within 30 minutes prior to dosing. A standardized meal schedule was then initiated with lunch 4 hours postdose, dinner 10 hours postdose, and a snack 13 hours postdose. On Day 2, a standardized meal was initiated with breakfast at 0815, lunch at 1200, and dinner at 1800. Subjects randomized to Treatment A and Treatment B received a snack at 2100 on Day 2.

Vital signs (sitting for 5 minutes and consisting of blood pressure, pulse, respiration, and temperature), and 12-lead ECG were assessed at the -13 hour point of each check-in period and at the completion of each period. A clinical laboratory evaluation (hematology, serum chemistry, urinalysis) and a brief physical examination were performed at the -13 hour of each check-in period and at the completion of the each period. Subjects were instructed to inform the study physician and/or nurses of any adverse events that occurred during the study.

Blood samples (7 ml) were collected during each study period at the 0 hour (predose), and at 0.5, 1, 1.5, 2, 3, 4, 5, 6, 8, 10, 12, 14, 16, 20, 24, 30, 36, and 48 hours post-dose (19 samples) for subjects randomized to Treatment A and Treatment B. Blood samples (7 ml) were collected during each study period at the 0 hour (predose), and at 0.25, 0.5, 0.75, 1, 1.25, 1.5, 1.75, 2, 3, 4, 5, 6, 8, 10, 12, 14, 16, 20, and 36 hours post-dose (21 samples) for subjects randomized to Treatment C and Treatment D. A total of 80 blood samples (560 ml) per subject were drawn during the study for drug analysis. Plasma samples were separated by centrifugation, and then frozen at -70°C, and kept frozen until assayed.

An LC/MS/MS method was developed and validated for the determination of oxymorphone in human EDTA plasma. Samples were spiked with internal standard, d<sub>3</sub> oxymorphone, and placed on the RapidTrace® (Zymark Corporation, Hopkinton, MA) for automatic solid phase extraction. Extracts were dried under nitrogen and reconstituted with acetonitrile before injection onto an LC/MS/MS. The Perkin Elmer Sciex API III+, or equivalent, using a turbo ion spray interface was employed in this study. Positive ions were monitored in the MRM mode.

The pharmacokinetic parameters shown in Table 5 were computed from the plasma oxymorphone concentration-time data.

Table 5

AUC(0-t)	Area under the drug concentration-time curve from time zero to the time of the last quantifiable concentration (Ct), calculated using linear trapezoidal summation.
AUC(0-inf)	Area under the drug concentration-time curve from time zero to infinity. $AUC(0-inf) = AUC(0-t) + C_t/K_{el}$ , where $K_{el}$ is the terminal elimination rate constant.
AUC(0-24)	Partial area under the drug concentration-time curve from time zero to 24 hours.
C <sub>max</sub>	Maximum observed drug concentration.
T <sub>max</sub>	Time of the observed maximum drug concentration.
K <sub>el</sub>	Elimination rate constant based on the linear regression of the terminal linear portion of the LN(concentration) time curve.
T <sub>1/2el</sub>	Half life, the time required for the concentration to decline by 50%, calculated as $LN(2)/K_{el}$

Terminal elimination rate constants were computed using linear regression of a minimum of three time points, at least two of which were consecutive.  $K_{el}$  values for which correlation coefficients were less than or equal to 0.8 were not reported in the pharmacokinetic parameter tables or included in the statistical analysis. Thus, T<sub>1/2el</sub>, AUC(0-inf), C<sub>1/F</sub>, MRT, and LN-transformed T<sub>1/2el</sub>, AUC(0-inf), and C<sub>1/F</sub> were also not reported in these cases.

A parametric (normal-theory) general linear model was applied to each of the above parameters (excluding T<sub>max</sub> and F<sub>rel</sub>), and the LN-transformed parameters C<sub>max</sub>, AUC(0-24), AUC(0-t), AUC(0-inf), C<sub>1/F</sub>, and T<sub>1/2el</sub>. Initially, the analysis of variance (ANOVA) model included the following factors: treatment, sequence, subject within sequence, period, and carryover effect. If carryover effect was not significant, it was dropped from the model. The sequence effect was tested using the subject within sequence mean square, and all other main effects were tested using the residual error (error mean square). The following treatment comparisons of relative rate and extent of absorption were made: Treatment B versus Treatment A, Treatment A versus Treatment C (dose normalized to 20 mg). Treatment B versus Treatment D (dose normalized to 20 mg), and Treatment D versus Treatment C (dose normalized to 20 mg for both treatments). The 90% confidence intervals of the ratios of the treatment least squares parameter means were calculated. T<sub>max</sub> was analyzed using the Wilcoxon Signed Ranks test. Summary statistics were presented for F<sub>rel</sub>.

Plasma oxymorphone concentrations were listed by subject at each collection time and summarized using descriptive statistics. Pharmacokinetic parameters were also listed by subject and summarized using descriptive statistics.

A total of 26 analytical runs were required to process the clinical samples from this study. Of these 26 analytical runs, 26 were acceptable for oxymorphone. Standard curves for the 26 analytical runs in EDTA plasma used in this study covered a range of 0.0500 to 20.000 mg/ml with a limit of quantitation of 0.0500 ng/ml for both compounds. Quality control samples analyzed with each analytical run had coefficients of variation less than or equal to 14.23% for oxymorphone.

A total of 28 subjects received at least one treatment. Only subjects who completed all 4 treatments were included in the summary statistics and statistical analysis.

The mean oxymorphone plasma concentration versus time curves for Treatments A, B, C, and D are presented in Figure 1 (linear scale, without standard deviation).

Individual concentration versus time curves were characterized by multiple peaks which occurred in the initial 12-hour period following the dose. In addition, a small "bump" in plasma oxymorphone concentration was generally observed in the 24 to 48 hour post-dose period.

The arithmetic means of the plasma oxymorphone pharmacokinetic parameters and the statistical comparisons for Treatment B versus Treatment A are summarized in Table 6.

TABLE 6

Summary of the Pharmacokinetic Parameters of Plasma Oxymorphone for Treatments B and A						
	----- Plasma Oxymorphone -----					
	Treatment A		Treatment B			
Pharmacokinetic Parameters	Arithmetic Mean	SD	Arithmetic Mean	SD	90% CI	Mean Ratio
C <sub>max</sub> (ng/ml)	1.7895	0.6531	1.1410	0.4537	125.4-191.0	158.2
T <sub>max</sub> (hr)	5.65	9.39	5.57	7.14		
Auc(0-24)(ng*hr/ml)	14.27	4.976	11.64	3.869	110.7-134.0	122.3
AUC(O-t)(ng*hr/ml)	19.89	6.408	17.71	8.471	100.2-123.6	111.9
AUC(O-inf)(ng*hr/ml)	21.29	6.559	19.29	5.028	105.3-133.9	119.6
T <sub>1/2el</sub> (hr)	12.0	3.64	12.3	3.99	57.4-155.2	106.3

Treatment B = 1 x 20 mg oxymorphone sustained release Tablet, Fed: test

Treatment A = 1 x 20 mg oxymorphone sustained release Tablet, Fasted:  
reference

The arithmetic means of the plasma oxymorphone pharmacokinetic parameters  
and the statistical comparisons for Treatment A versus Treatment C are summarized in

5 Table 7.

Table 7

Summary of the Pharmacokinetic Parameters of Plasma Oxymorphone for Treatments A and C						
	----- Plasma Oxymorphone -----					
	Treatment A		Treatment C			
Pharmacokinetic Parameters	Arithmetic Mean	SD	Arithmetic Mean	SD	90% CI	Mean Ratio
Cmax(ng/ml)	1.1410	0.4537	2.2635	1.0008	33.4-66.0	49.7
Tmax(hr)	5.57	7.14	0.978	1.14		
Auc(0-24)(ng*hr/ml)	11.64	3.869	12.39	4.116	82.8-104.6	93.7
AUC(0-I)(ng*hr/ml)	17.71	8.471	14.53	4.909	107.7-136.3	122.0
AUC(0-inf)(ng*hr/ml)	19.29	5.028	18.70	6.618	80.2-108.4	94.3
T 1/2el(hr)	12.3	3.99	16.2	11.4	32.9-102.1	67.5

Treatment A = 1 x 20 mg oxymorphone sustained release Tablet, Fasted: test

Treatment C = 10 mg/6.7 ml oxymorphone HCl Oral Solution, Fasted: Dose

10 Normalized to 20 ng: reference.

The arithmetic means of the plasma oxymorphone pharmacokinetic parameters  
and the statistical comparisons for Treatment D versus Treatment C are summarized in  
Table 8.

Table 8

Summary of the Pharmacokinetic Parameters of Plasma Oxymorphone for Treatments A and C						
	----- Plasma Oxymorphone -----					
	Treatment B		Treatment D			
Pharmacokinetic Parameters	Arithmetic Mean	SD	Arithmetic Mean	SD	90% CI	Mean Ratio
Cmax(ng/ml)	1.7895	0.6531	3.2733	1.3169	42.7-65.0	50.0
Tmax(hr)	5.65	9.39	1.11	0.768		
Auc(0-24)(ng*hr/ml)	14.27	4.976	17.30	5.259	74.4-90.1	82.2
AUC(0-t)(ng*hr/ml)	19.89	6.408	19.28	6.030	92.5-114.1	103.3
AUC (0-inf) (ng*hr/ml)	21.29	6.559	25.86	10.03	75.0-95.2	85.1
T 1/2el(hr)	12.0	3.64	20.6	19.3	31.9-86.1	59.0

Treatment B = 1 x 20 mg oxymorphone sustained release Tablet, Fed: test

Treatment D = 10 mg/6.7 ml oxymorphone HCl Oral Solution, Fed: Dose Normalized to 20 mg: reference.

- 5 The arithmetic means of the plasma oxymorphone pharmacokinetic parameters and the statistical comparisons for Treatment D versus Treatment C are summarized in Table 9.

**Table 9**

Summary of the Pharmacokinetic Parameters of Plasma Oxymorphone for Treatments A and C						
	----- Plasma Oxymorphone -----					
	Treatment D		Treatment C			
Pharmacokinetic Parameters	Arithmetic Mean	SD	Arithmetic Mean	SD	90% CI	Mean Ratio
Cmax(ng/ml)	3.2733	1.3169	2.2635	1.0008	129.7-162.3	146.0
Tmax(hr)	1.11	0.768	0.978	1.14		
Auc(0-24)(ng*hr/ml)	17.30	5.259	12.39	4.116	128.5-150.3	139.4
AUC(0-t)(ng*hr/ml)	19.20	6.030	14.53	4.909	117.9-146.5	132.2
AUC (0-inf) (ng*hr/ml)	25.86	10.03	18.70	6.618	118.6-146.6	132.6
T 1/2el(hr)	20.6	19.3	16.2	11.4	87.3-155.9	121.6

- 10 Treatment D = 10 mg/6.7 ml oxymorphone HCl Oral Solution, Fed: Dose Normalized to 20 mg: test. Treatment C = 10 mg/6.7 ml oxymorphone HCl Oral Solution, Fasted: Dose Normalized to 20 mg: reference.

The relative bioavailability calculations are summarized in Table 10.

- 15 **Table 10:** Mean (S.D.) Relative Oxymorphone Bioavailability Determined from AUC (0-inf) and AUC (0-24)

	Frel BA		Frel AC		Frel BD		Frel DC	
AUC(0-inf)	1.169	(0.2041)	1.040	(0.1874)	0.8863	(0.2569)	1.368	(0.4328)
AUC(0-24)	1.299	(0.4638)	(0.9598)	(0.2151)	0.8344	(0.100)	1.470	(0.3922)

- 20 The objectives of this study were to assess the relative bioavailability of oxymorphone from oxymorphone sustained release (20 mg) compared to oxymorphone oral solution (10 mg) under both fasted and fed conditions, and to determine the effect of food on the bioavailability of oxymorphone from the sustained release formulation and from the oral solution.

The presence of a high fat meal had a substantial effect on the oxymorphone C<sub>max</sub>, but less of an effect on oxymorphone AUC from oxymorphone sustained release tablets. Least Squares (LS) mean C<sub>max</sub> was 58% higher and LS mean AUC(0-t) and AUC(0-inf) were 18% higher for the fed condition (Treatment B) compared to the fasted condition (Treatment A) based on LN-transformed data. This was consistent with the relative bioavailability determination from AUC (0-inf) since mean Frel was 1.17. Individual Frel values based on AUC (0-24) were similar (less than 20% different) to Frel values based on AUC (0-inf) for all but 2 subjects. Comparison of mean Frel from AUC (0-inf) to mean Frel from AUC (0-24) is misleading, because not all subjects had a value for AUC (0-inf). Mean T<sub>max</sub> values were similar (approximately 5.6 hours), and no significant difference in T<sub>max</sub> was shown using nonparametric analysis. Half value durations were significantly different between the two treatments.

The effect of food on oxymorphone bioavailability from the oral solution was more pronounced, particularly in terms of AUC. LS mean C<sub>max</sub> was 50% higher and LS mean AUC(0-t) and AUC(0-inf) were 32-34% higher for the fed condition (Treatment D) compared to the fasted condition (Treatment C) based on LN-transformed data. This was consistent with the relative bioavailability determination from AUC(0-inf) since mean Frel was 1.37. Individual Frel values based on AUC(0-24) were similar (less than 20% different) to Frel values based on AUC(0-inf) for all but 5 subjects. Comparison of mean Frel from AUC(0-inf) to mean Frel from AUC(0-24) is misleading because not all subjects had a value for AUC(0-inf). Mean T<sub>max</sub> (approximately 1 hour) was similar for the two treatments and no significant difference was shown.

Under fasted conditions, oxymorphone sustained release 20 mg tablets exhibited similar extent of oxymorphone availability compared to 10 mg oxymorphone oral solution normalized to a 20 mg dose (Treatment A versus Treatment C). From LN-transformed data, LS mean AUC(0-t) was 17% higher for oxymorphone sustained release, whereas LS mean AUC(0-inf) values were nearly equal (mean ratio=99%). However, AUC(0-t) is not the best parameter to evaluate bioavailability since the plasma concentrations were measured for 48 hours for the sustained release formulation versus 36 hours for the oral solution. Mean Frel values calculated from AUC(0-inf) and AUC(0-24), (1.0 and 0.96, respectively) also showed similar extent of oxymorphone availability between the two treatments.



There were differences in parameters reflecting rate of absorption. LS mean C<sub>max</sub> was 49% lower for oxymorphone sustained release tablets compared to the dose-normalized oral solution, based on LN-transformed data. Half-value duration was significantly longer for the sustained release formulation (means, 12 hours versus 2.5 hours).

Under fed conditions, oxymorphone availability from oxymorphone sustained release 20 mg was similar compared to 10 mg oxymorphone oral solution normalized to a 20 mg dose (Treatment B versus Treatment D). From LN-transformed data, LS mean AUC(0-inf) was 12% lower for oxymorphone sustained release. Mean Frel values calculated from AUC(0-inf) and AUC(0-24), (0.89 and 0.83 respectively) also showed similar extent of oxymorphone availability from the tablet. There were differences in parameters reflecting rate of absorption. LS mean C<sub>max</sub> was 46% lower for oxymorphone sustained release tablets compared to the dose-normalized oral solution, based on LN-transformed data. Mean T<sub>max</sub> was 5.7 hours for the tablet compared to 1.1 hours for the oral solution. Half-value duration was significantly longer for the sustained release formulation (means, 7.8 hours versus 3.1 hours).

The presence of a high fat meal did not appear to substantially affect the availability following administration of oxymorphone sustained release tablets. LS mean ratios were 97% for AUC(0-t) and 91% for C<sub>max</sub> (Treatment B versus A), based on LN-transformed data. This was consistent with the relative bioavailability determination from AUC(0-24), since mean Frel was 0.97. AUC(0-inf) was not a reliable measure for bioavailability since half-life could not be estimated accurately, and in many cases at all. Half-life estimates were not accurate because in the majority of subjects, the values for half-life were nearly as long or longer (up to 2.8 times longer) as the sampling period. Mean T<sub>max</sub> was later for the fed treatment compared to the fasted treatment (5.2 and 3.6 hours, respectively), and difference was significant.

Under fasted conditions, oxymorphone sustained release 20 mg tablets exhibited similar availability compared to 10 mg oxymorphone oral solution normalized to a 20 mg dose (Treatment A versus Treatment C). From LN-transformed data, LS mean ratio for AUC (0-t) was 104.5%. Mean Frel (0.83) calculated from AUC(0-24) also showed similar extent of oxymorphone availability between the two treatments. There were differences in parameters reflecting rate of absorption. LS mean C<sub>max</sub> was 57% lower for oxymorphone sustained release tablets

compared to the dose-normalized oral solution. Mean Tmax was 3.6 hours for the tablet compared to 0.88 for the oral solution. Half-value duration was significantly longer for the sustained release formulation (means, 11 hours versus 2.2 hours).

Under fed conditions, availability from oxymorphone sustained release 20 mg  
5 was similar compared to 10 mg oxymorphone oral solution normalized to a 20 mg dose (Treatment B versus Treatment D). From LN-transformed data, LS mean AUC(0-t) was 14% higher for oxymorphone sustained release. Mean Frel (0.87) calculated from AUC (0-24) also indicated similar extent of availability between the treatments. There were differences in parameters reflecting rate of absorption. LS  
10 mean Cmax was 40% lower for oxymorphone sustained release tablets compared to the dose-normalized oral solution. Mean Tmax was 5.2 hours for the tablet compared to 1.3 hour for the oral solution. Half-value duration was significantly longer for the sustained release formulation (means, 14 hours versus 3.9 hours).

The extent of oxymorphone availability from oxymorphone sustained release  
15 20 mg tablets was similar under fed and fasted conditions since there was less than a 20% difference in LS mean AUC(0-t) and AUC(0-inf) values for each treatment, based on LN-transformed data. Tmax was unaffected by food; however, LS mean Cmax was increased 58% in the presence of the high fat meal. Both rate and extent of oxymorphone absorption from the oxymorphone oral solution were affected by food  
20 since LS mean Cmax and AUC values were increased approximately 50 and 30%, respectively. Tmax was unaffected by food. Under both fed and fasted conditions, oxymorphone sustained release tablets exhibited similar extent of oxymorphone availability compared to oxymorphone oral solution since there was less than a 20% difference in LS mean AUC(0-t) and AUC(0-inf) values for each treatment.

25 Bioavailability following oxymorphone sustained release 20 mg tablets was also similar under fed and fasted conditions since there was less than a 20% difference in LS mean Cmax and AUC values for each treatment. Tmax was later for the fed condition. The presence of food did not affect the extent of availability from oxymorphone oral solution since LS mean AUC values were less than 20% different.  
30 However, Cmax was decreased 35% in the presence of food. Tmax was unaffected by food. Under both fed and fasted conditions, oxymorphone sustained release tablets exhibited similar extent of availability compared to oxymorphone oral solution since there was less than a 20% difference in LS mean AUC values for each treatment.

Various modifications of the invention, in addition to those described herein, will be apparent to one skilled in the art from the foregoing description. Such modifications are intended to fall within the scope of the appended claims.

### Claims

What is claimed is:

1. A method for making a sustained release formulation that comprises oxymorphone or a pharmaceutically acceptable salt thereof and a sustained release  
5 delivery system, wherein the sustained release delivery system comprises a hydrophilic compound, a cross-linking agent and a pharmaceutical diluent; comprising the steps of:  
  
    mixing the hydrophilic compound, the cross-linking agent and the pharmaceutical diluent to form granules;  
10      mixing the granules with the oxymorphone or a pharmaceutically acceptable salt thereof to form a granulated composition; and  
    applying pressure to the granulated composition to make the sustained release formulation.
2. The method of claim 1, further comprising applying an outer coating  
15 onto at least part of the sustained release formulation.
3. The method of claim 1, wherein the oxymorphone or a pharmaceutically acceptable salt thereof and the sustained release delivery system are present in a ratio of from about 1:0.5 to about 1:25.
4. The method of claim 1, wherein the oxymorphone or pharmaceutically  
20 acceptable salt thereof is present in an amount of from about 1 mg to about 200 mg in the formulation.
5. The method of claim 4, wherein the oxymorphone or pharmaceutically acceptable salt thereof is present in an amount of from about 5 mg to about 80 mg in the formulation.
- 25 6. The method of claim 1, wherein the sustained release delivery system is present in an amount of from about 80 mg to about 420 mg in the formulation.
7. The method of claim 6, wherein the sustained release delivery system is present in an amount of from about 80 mg to about 360 mg in the formulation.
8. The method of claim 7, wherein the sustained release delivery system  
30 is present in an amount of from about 80 mg to about 200 mg in the formulation.

9. The method of claim 1, wherein the hydrophilic compound is present in the sustained release delivery system in an amount of from about 20% to about 80% by weight; the cross-linking agent is present in the sustained release delivery system in an amount of from about 0.5% to about 80% by weight; and the pharmaceutical  
5 diluent is present in the sustained release delivery system in an amount of from about 20% to about 80% by weight.

10. The method of claim 9, wherein the hydrophilic compound is present in the sustained release delivery system in an amount of from about 20% to about 60% by weight; the cross-linking agent is present in the sustained release delivery system  
10 in an amount of from about 2% to about 54% by weight; and the pharmaceutical diluent is present in the sustained release delivery system in an amount of from about 20% to about 80% by weight.

11. The method of claim 10, wherein the hydrophilic compound is present in the sustained release delivery system in an amount of from about 40% to about 60%  
15 by weight; the cross-linking agent is present in the sustained release delivery system in an amount of from about 20% to about 30% by weight; and the pharmaceutical diluent is present in the sustained release delivery system in an amount of from about 40% to about 80% by weight.

12. The method of claim 1, wherein the hydrophilic compound is a  
20 heteropolysaccharide gum.

13. The method of claim 1, wherein the hydrophilic compound is selected from xanthan gum, tragacanth gum, a pectin, acacia, karaya, agar, carrageenan, and a gellan gum.

14. The method of claim 1, wherein the hydrophilic compound is a xanthan  
25 gum or a derivative thereof.

15. The method of claim 1, wherein the cross-linking agent is a homopolysaccharide gum.

16. The method of claim 15, wherein the homopolysaccharide gum is a locust bean gum or a guar gum.

30 17. The method of claim 1, wherein the pharmaceutical diluent selected from starch, lactose, dextrose, sucrose, microcrystalline cellulose, sorbitol, xylitol, and fructose.

18. The method of claim 1, wherein the ratio of the hydrophilic compound to the cross-linking agent is from about 1:9 to about 9:1.

19. The method of claim 1, wherein the ratio of the pharmaceutical diluent to the hydrophilic compound is from about 1:8 to about 8:1.

5 20. The method of claim 1, wherein the sustained release delivery system further comprises a hydrophobic polymer.

21. The method of claim 20, wherein the hydrophobic polymer is present in the sustained release delivery system in an amount of from about 0.5% to about 20% by weight.

10 22. The method of claim 21, wherein the hydrophobic polymer is present in the sustained release delivery system in an amount of from about 2% to about 10% by weight.

23. The method of claim 24, wherein the hydrophobic polymer is selected from an alkylcellulose, a hydrophobic cellulosic material, a polyvinyl acetate polymer, 15 a polymer or copolymer of acrylic and methacrylic acid esters, zein, a wax, a shellac and a hydrogenated vegetable oil.

24. The method of claim 20, wherein the alkyl cellulose is ethyl cellulose.

25. The method of claim 1, wherein the sustained release delivery system further comprises a cationic cross-linking compound.

20 26. The method of claim 25, wherein the cationic cross-linking compound is present in the sustained release delivery system in an amount of from about 0.5% to about 30% by weight.

27. The method of claim 26, wherein the cationic cross-linking compound is present in the sustained release delivery system in an amount of about 5% to about 25 20% by weight.

28. The method of claim 25, wherein the cationic cross-linking compound is selected from a monovalent metal cation, a multivalent metal cation, and an inorganic salt.

29. The method of claim 28, wherein the cationic cross-linking agent is an 30 inorganic salt selected from an alkali metal sulfate, an alkali metal chloride, an alkali metal borate, an alkali metal bromide, an alkali metal citrate, an alkali metal acetate,

an alkali metal lactate, an alkaline earth metal sulfate, an alkaline earth metal chloride, an alkaline earth metal borate, an alkaline earth metal bromide, an alkaline earth metal citrate, an alkaline earth metal acetate, an alkaline earth metal lactate, and a mixture thereof.

5           30.    The method of claim 25, wherein the cationic cross-linking compound is selected from calcium sulfate, sodium chloride, potassium sulfate, sodium carbonate, lithium chloride, tripotassium phosphate, sodium borate, potassium bromide, potassium fluoride, sodium bicarbonate, calcium chloride, magnesium chloride, sodium citrate, sodium acetate, calcium lactate, magnesium sulfate, and  
10   sodium fluoride.

31.    The method of claim 1, wherein the sustained release formulation has an *in vitro* dissolution rate of from about 15% to about 50% by weight oxymorphone after about 1 hour.

15           32.    The method of claim 1, wherein the sustained release formulation has as *in vitro* dissolution rate of from about 45% to about 80% by weight oxymorphone after about 4 hours.

33.    The method of claim 1, wherein the sustained release formulation has as *in vitro* dissolution rate of at least about 80% by weight oxymorphone after about 10 hours.

20           34.    The method of claim 2, wherein the outer coating comprises a hydrophobic polymer.

35.    The method of claim 34, wherein the hydrophobic polymer is a compound selected from an alkyl cellulose, a hydrophobic cellulosic material, a polyvinyl acetate polymer, a polymer or copolymer of acrylic and methacrylic acid  
25   esters, zein, a wax, a shellac and a hydrogenated vegetable oil.

36.    The method of claim 34, wherein the hydrophobic polymer is present on the sustained release formulation to a weight gain from about 1% to about 20% by weight of the uncoated tablet.

30           37.    The method of claim 2, wherein the outer coating comprises a plasticizer.

38. A method for making a sustained release formulation that comprises oxymorphone or a pharmaceutically acceptable salt thereof and a sustained release delivery system, wherein the sustained release delivery system comprises a hydrophilic compound, a cationic cross-linking compound, and a pharmaceutical  
5 diluent; comprising the steps of:

mixing the hydrophilic compound, the cationic cross-linking compound and the pharmaceutical diluent to form granules;

mixing the granules with the oxymorphone or a pharmaceutically acceptable salt thereof to form a granulated composition; and

10 applying pressure to the granulated composition to make the sustained release formulation.

39. The method of claim 38, further comprising applying an outer coating onto at least part of the sustained release formulation.

40. The method of claim 38, wherein the ratio of oxymorphone or a  
15 pharmaceutically acceptable salt thereof to the sustained release delivery system is from about 1:0.5 to about 1:25.

41. The method of claim 38, wherein the oxymorphone or pharmaceutically acceptable salt thereof is present in an amount of from about 1 mg to about 200 mg in the formulation.

20 42. The method of claim 41, wherein the oxymorphone or pharmaceutically acceptable salt thereof is present in an amount of from about 5 mg to about 80 mg in the formulation.

43. The method of claim 38, wherein the sustained release delivery system is present in an amount of from about 80 mg to about 420 mg in the formulation.

25 44. The method of claim 43, wherein the sustained release delivery system is present in an amount of from about 80 mg to about 360 mg in the formulation.

45. The method of claim 44, wherein the sustained release delivery system is present in an amount of from about 80 mg to about 200 mg in the formulation.

30 46. The method of claim 38, wherein the hydrophilic compound is present in the sustained release delivery system in an amount of from about 20% to about 80% by weight; the cationic cross-linking agent is present in the sustained release delivery



system in an amount of from about 0.5% to about 30% by weight; and the pharmaceutical diluent is present in the sustained release delivery system in an amount of from about 20% to about 80% by weight.

47. The method of claim 46, wherein the hydrophilic compound is present  
5 in the sustained release delivery system in an amount of from about 20% to about 60% by weight; the cationic cross-linking agent is present in the sustained release delivery system in an amount of from about 5% to about 20% by weight; and the pharmaceutical diluent is present in the sustained release delivery system in an amount of from about 20% to about 80% by weight.

10 48. The method of claim 47, wherein the hydrophilic compound is present in the sustained release delivery system in an amount of from about 40% to about 60% by weight; the cationic cross-linking agent is present in the sustained release delivery system in an amount of from about 5% to about 20% by weight; and the pharmaceutical diluent is present in the sustained release delivery system in an amount  
15 of from about 40% to about 80% by weight.

49. The method of claim 38, wherein the hydrophilic compound is a heteropolysaccharide gum.

50. The method of claim 38, wherein the hydrophilic compound is compound selected from xanthan gum, tragacanth gum, a pectin, acacia, karaya, agar,  
20 carrageenan, and a gellan gum.

51. The method of claim 38, wherein the hydrophilic compound is a xanthan gum or a derivative thereof.

52. The method of claim 38, wherein the cationic cross-linking compound is selected from a monovalent metal cation, a multivalent metal cation, and an  
25 inorganic salt.

53. The method of claim 52, wherein the cationic cross-linking compound is an inorganic salt selected from an alkali metal sulfate, an alkali metal chloride, an alkali metal borate, an alkali metal bromide, an alkali metal citrate, an alkali metal acetate, an alkali metal lactate, an alkaline earth metal sulfate, an alkaline earth metal  
30 chloride, an alkaline earth metal borate, an alkaline earth metal bromide, an alkaline earth metal citrate, an alkaline earth metal acetate, an alkaline earth metal lactate, or a mixture thereof.

54. The method of claim 38, wherein the cationic cross-linking compound is selected from calcium sulfate, sodium chloride, potassium sulfate, sodium carbonate, lithium chloride, tripotassium phosphate, sodium borate, potassium bromide, potassium fluoride, sodium bicarbonate, calcium chloride, magnesium chloride, sodium citrate, sodium acetate, calcium lactate, magnesium sulfate, sodium fluoride, and mixtures thereof.

55. The method of claim 38, wherein the pharmaceutical diluent is selected from starch, lactose, dextrose, sucrose, microcrystalline cellulose, sorbitol, xylitol, and fructose.

56. The method of claim 38, wherein the sustained release delivery system further comprises a hydrophobic polymer.

57. The method of claim 56, wherein the hydrophobic polymer is present in the sustained release delivery system in an amount of from about 0.5% to about 20% by weight.

58. The method of claim 57, wherein the hydrophobic polymer is present in the sustained release delivery system in an amount of from about 2% to about 10% by weight.

59. The method of claim 56, wherein the hydrophobic polymer is selected from an alkyl cellulose, a polyvinyl acetate polymer, a polymer or copolymer derived from acrylic and methacrylic acid esters, zein, a wax, shellac and a hydrogenated vegetable oil.

60. The method of claim 59, wherein the hydrophobic polymer is an alkyl cellulose and the alkyl cellulose is ethyl cellulose.

61. The method of claim 38, wherein the sustained release formulation has an *in vitro* dissolution rate of from about 15% to about 50% by weight oxymorphone after about 1 hour.

62. The method of claim 38, wherein the sustained release formulation has as *in vitro* dissolution rate of about 45% to about 80% by weight oxymorphone after about 4 hours.

63. The method of claim 38, wherein the sustained release formulation has as *in vitro* dissolution rate of at least about 80% by weight oxymorphone after about 10 hours.

64. The method of claim 39, wherein the outer coating comprises a hydrophobic polymer.

65. The method of claim 64, wherein the hydrophobic polymer is selected from an alkyl cellulose, a hydrophobic cellulosic material, a polyvinyl acetate polymer, a polymer or copolymer of acrylic and methacrylic acid esters, zein, a wax, a shellac and a hydrogenated vegetable oil.

66. The method of claim 64, wherein the hydrophobic polymer is present on the sustained release formulation to a weight gain from about 1% to about 20% by weight of the uncoated table.

67. The method of claim 39, wherein the outer coating comprises a plasticizer.

68. A method for making a sustained release formulation that comprises from about 5 to about 80 mg oxymorphone hydrochloride and about 80 mg to about 360 mg of a sustained release delivery system; wherein the sustained release delivery system comprises about 8.3% to about 41.7% by weight locust bean gum, about 8.3% to about 41.7% by weight xanthan gum, about 20% to about 55% by weight dextrose, about 5% to about 20% by weight calcium sulfate dihydrate, and about 2% to about 10% ethyl cellulose; comprising the steps of:

mixing the locust bean gum, the xanthan gum, the dextrose, the calcium sulfate, and the ethyl cellulose to form granules;

mixing the granules with the oxymorphone hydrochloride to form a granulated composition; and

applying pressure to the granulated composition to make the sustained release formulation.

69. The method of claim 68, further comprising applying an outer coating onto at least part of the sustained release formulation.

70. The method of claim 68, comprising about 20 mg oxymorphone hydrochloride.

71. The method of claim 68, comprising about 160 mg of a sustained release delivery system.

72. The method of claim 68, wherein the sustained release delivery system comprises about 25% locust bean gum, about 25% xanthan gum, about 35% dextrose,  
5 about 10% calcium sulfate dihydrate, and about 5% ethyl cellulose.

73. A method for making a sustained release formulation that comprises from about 5 to about 80 mg oxymorphone hydrochloride and about 300 mg to about 420 mg of a sustained release delivery system; wherein the sustained release delivery system comprises about 8.3% to 41.7% by weight locust bean gum, about 8.3% to  
10 about 41.7% by weight xanthan gum, about 20% to about 55% by weight dextrose, about 5% to about 20% by weight calcium sulfate dihydrate, and about 2% to about 10% ethyl cellulose; comprising the steps of:

mixing the locust bean gum, the xanthan gum, the dextrose, the calcium sulfate, and the ethyl cellulose to form granules;

15 mixing the granules with the oxymorphone hydrochloride to form a granulated composition; and

applying pressure to the granulated composition to make the sustained release formulation.

74. The method of claim 73, further comprising applying an outer coating  
20 onto at least part of the sustained release formulation.

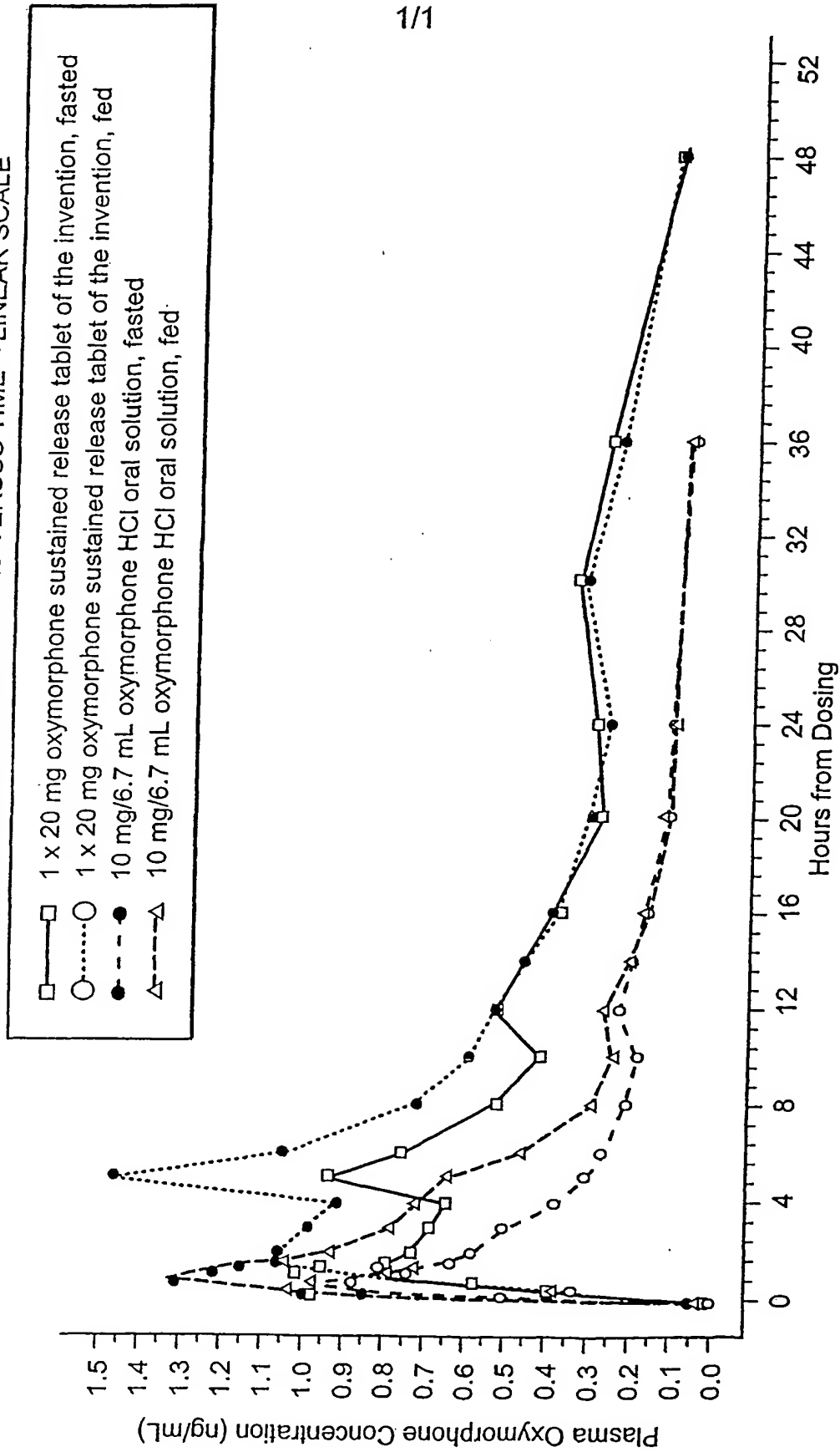
75. The method of claim 73, comprising about 20 mg oxymorphone hydrochloride.

76. The method of claim 73, comprising about 360 mg of a sustained release delivery system.

25 77. The method of claim 73, wherein the sustained release delivery system comprises about 25% locust bean gum, about 25% xanthan gum, about 35% dextrose, about 10% calcium sulfate dihydrate, and about 5% ethyl cellulose.

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MEAN PLASMA OXYMORPHONE CONCENTRATIONS VERSUS TIME - LINEAR SCALE



## INTERNATIONAL SEARCH REPORT

International Application No

PCT/US 02/21354

## A. CLASSIFICATION OF SUBJECT MATTER

IPC 7 A61K31/485 A61K9/00 A61P25/04

According to International Patent Classification (IPC) or to both national classification and IPC

## B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)

IPC 7 A61K A61P

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic data base consulted during the International search (name of data base and, where practical, search terms used)

EPO-Internal, WPI Data, PAJ, CHEM ABS Data, EMBASE, SCISEARCH

## C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category *	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	WO 01 08661 A (ROXANE LAB INC) 8 February 2001 (2001-02-08)  page 6, last paragraph page 13, paragraph FIRST page 7, paragraph THIRD claim 16 page 9, last paragraph page 13, paragraph FIRST page 11, paragraph FIRST page 15-23	1-3, 12-17, 20, 23-27, 34, 35, 38, 40, 49-51, 55, 56, 59, 60, 64, 65
Y	-/--	1-67

☒ Further documents are listed in the continuation of box C.☒ Patent family members are listed in annex.

## \* Special categories of cited documents:

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- \*O\* document referring to an oral disclosure, use, exhibition or other means
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- \*X\* document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone
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Name and mailing address of the ISA

European Patent Office, P.B. 5818 Patentlaan 2  
NL - 2280 HV Rijswijk  
Tel: (+31-70) 340-2040, Tx. 31 651 epo nl,  
Fax: (+31-70) 340-3016

Authorized officer

Brunnauer, H

## INTERNATIONAL SEARCH REPORT

International Application No

PCT/US 02/21354

C.(Continuation) DOCUMENTS CONSIDERED TO BE RELEVANT		
Category *	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
A	----	68-77
Y	WO 00 21520 A (SPITZLEY CHRISTOF ;WIMMER WALTER (DE); HAHN UDO (DE); BROEGMANN BI) 20 April 2000 (2000-04-20) claims 1-3,9,11,12,14	1-67
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A	-----	68-77

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Information on patent family members

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